

# STATEC

## Selective Targeting of Adjuvant Therapy for Endometrial Cancer

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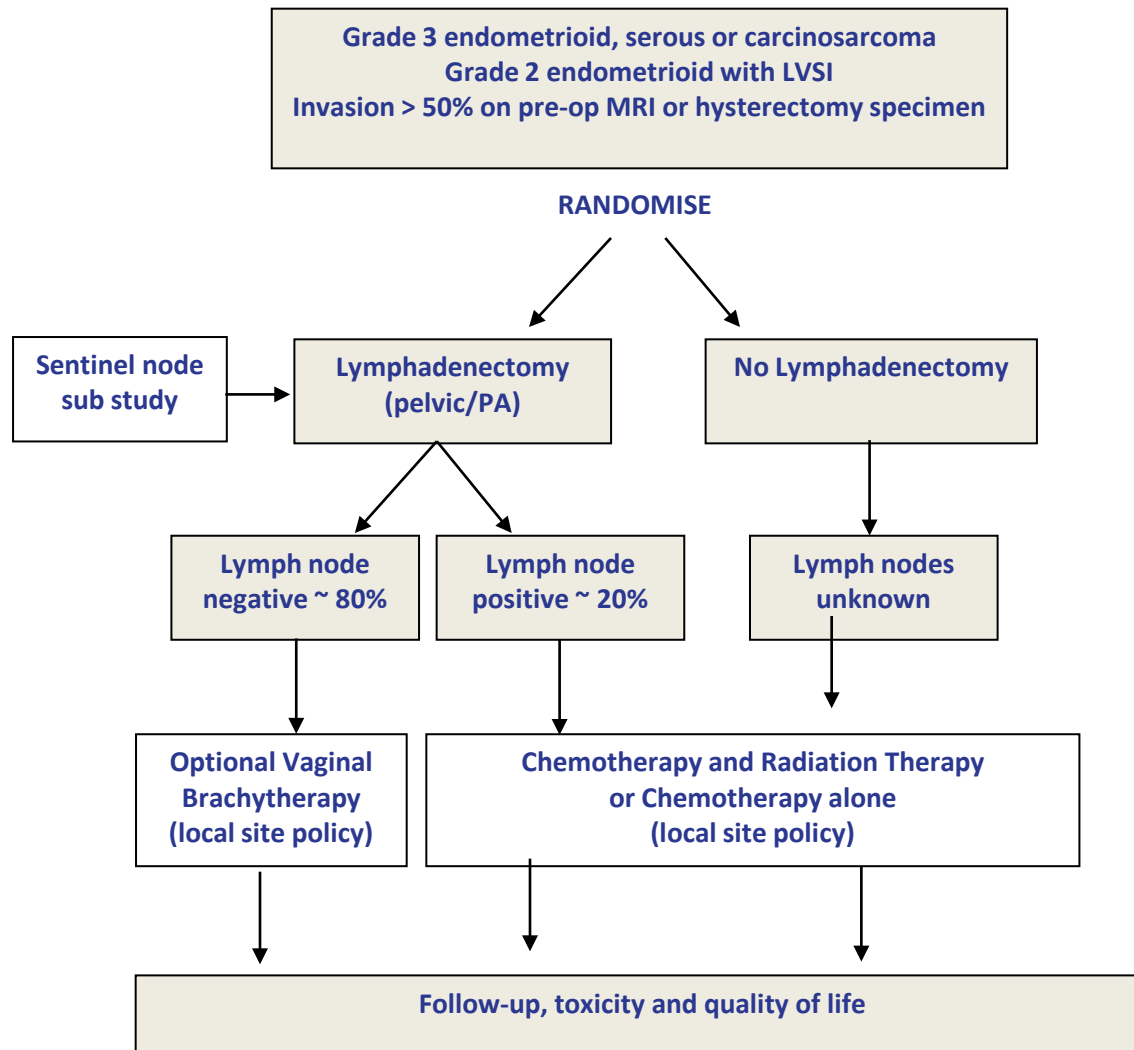
GCIIG, Chicago May 2015

# Hypotheses

- Lymphadenectomy is not independently therapeutic
- Improvement in survival may require systemic therapy
- Tailoring adjuvant therapy based on node status may limit toxicity with equal survival
- Sentinel node biopsy may be as effective as full lymphadenectomy to triage patients to adjuvant therapy

# Summary Eligibility

- Histologically confirmed G3 endometrial carcinoma, serous, clear cell or carcinosarcoma
- G2 endometrioid carcinoma if LVSI is confirmed on histology, or if deep invasion into the myometrium is demonstrated at preoperative MRI, or post operative hysterectomy specimen if randomisation is occurring at this point.
- Surgery ideally performed within 4 weeks of randomisation but no later than 5 weeks
- Ability to undergo post operative chemotherapy or chemoradiation
- Adjuvant treatment to commence within 8 weeks of surgery



# Current Status

- Four GCIG groups - NCRI, US GOG, ANZGOG, DGOG
- ANZGOG / DGOG Applications successful
- NCRI funding approved (UK)
- Protocol development in progress